OREGON HEALTH & SCIENCE UNIVERSITY

Employee Effort Certification Form

For The Period of 1-Jul-2010 - 31-Dec-2010

INFORMATION: This is an example of how to complete an ECS when the covered individual has already begun to work on a project but an account has not been set up yet. Once the account has been set up, an OGA related LD change will be allowed without the need for recertification as long as the percentage of effort shown is within the 5% variance.

Employee Name: Schultz, Charles
Employee Number: 12345

Primary Organization: SM.Pea

				Committed		Actual			
Project Number / GL Account	**Award Number**	**Project Desciption**	**Award Name**	**Effort %**	**Cost Share %**	**LD Effort %**	**Corrected LD %**	**Cost Share %**	**Total Effort %**
Assignment Number 12345									
Effort Category GL Related Activities									
0151-12345-11-5111-000-0000-000				0.00	0.00	20.00%		-10.00%	10.00%
Effort Category Sponsored Activities									
GPEAN0001A	APEAN0001	DHHS Snoopy	Study of classical music and the brain	0.00	0.00	30.00%			30.00%
GPEAN0001B	APEAN0001	DHHS Snoopy	Study of classical music and the brain	0.00	0.00	15.00%			15.00%
GPEAN0003C	APEAN0003	NSF Snoopy	Beagle behavior study	0.00	0.00	35.00%			35.00%
TBD PI: Snoopy		NIH	The effects of pumpkin					10.00%	10.00%
			Total Effort For Assignment	0.00	0.00	100.00%		0.00%	100.00%

Note on Suspense Activity
Suspense activity must be cleared before certifying the statement. When returning the statement please write neatly, in ink, what the funding sources should have been and attach a copy of all appropriate back-up documentation.

Note on Cost Sharing
Please enter the amount of cost sharing the Cost Share % Column. When the cost share column is completed correctly it should sum to zero.

Note on Federal Salary Cap
It is the department's responsibility to ensure salary charges on NIH, SAMSHA, and AHRQ awards are not distributed at a rate in excess of the salary cap for those sponsors. If the covered individual's total salary is in excess of the cap then the LD % cannot be certified equal to Total Effort % on each applicable project. The difference between allowable salary distribution and actual effort should be reflected in the Cost Share% column or captured in a Cost Share companion account.

Certification Statement

I certify that I have reasonable means of verifying the activities performed by the above mentioned employee and that the distribution of effort represents a reasonable estimate of the actual work performed by the employee during the period covered by this report.

Covered Individual _____ Date _____

Or

Responsible Person _____ Title _____ Date _____

The Responsible Person's relationship to the Covered Invidividual must be Principal Investigator or Supervisor.